



FEDERAL FISCAL YEAR 2008 (FFY08) ICD-9-CM PROCEDURE CODE CHANGES EFFECTIVE OCTOBER 1, 2007

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MO HEALTHNET DIVISION

The Missouri Health Improvement Act of 2007 renamed Missouri Medicaid to MO HealthNet. Effective September 1, 2007 the Department of Social Services, Division of Medical Services, changed its name to the MO HealthNet Division (MHD).

2008 ICD-9-CM PROCEDURE CODE CHANGES

For all inpatient hospital claims with dates of service October 1, 2007 and after, providers must use the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) procedure codes that are effective October 1, 2007. The Health Insurance Portability and Accountability Act (HIPAA) Transaction and Code Set Rule requires the use of national/medical code sets that are valid at the time that the service is provided, and ICD-9-CM is a national/medical code set. ICD-9-CM codes submitted on claims must be valid at the time the service is provided.

Listed below are invalid, new, and revised procedure codes effective October 1, 2007:

Note: The final addendum which describes all changes to the procedure part of ICD-9-CM is posted on CMS' Web page at: www.cms.hhs.gov/ICD9ProviderDiagnosticCodes.

Invalid Procedure Codes - Effective October 1, 2007	
<u>Procedure Code</u>	<u>Description</u>
32.3*	Segmental resection of lung
32.4	Lobectomy of lung
32.5*	Complete pneumonectomy
84.58*	Implantation of interspinous process decompression device

New Procedure Codes - Effective October 1, 2007	
Procedure Code	Description
00.19	Disruption of blood brain barrier via infusion [BBBD]
00.94*	Intra-operative neurophysiologic monitoring
01.10	Intracranial pressure monitoring
01.16	Intracranial oxygen monitoring
01.17	Brain temperature monitoring
07.83*	Thoracoscopic partial excision of thymus
07.84*	Thoracoscopic total excision of thymus
07.95*	Thoracoscopic incision of thymus
07.98*	Other and unspecified thoracoscopic operations on thymus
32.20*	Thoracoscopic excision of lesion or tissue of lung
32.30*	Thoracoscopic segmental resection of lung
32.39*	Other and unspecified segmental resection of lung
32.41	Thoracoscopic lobectomy of lung
32.49	Other lobectomy of lung
32.50*	Thoracoscopic pneumonectomy
32.59*	Other and unspecified pneumonectomy
33.20	Thoracoscopic lung biopsy
34.06	Thoracoscopic drainage of pleural cavity
34.20	Thoracoscopic pleural biopsy
34.52	Thoracoscopic decortication of lung
50.13*	Transjugular liver biopsy
50.14*	Laparoscopic liver biopsy
70.53	Repair of cystocele and rectocele with graft or prosthesis
70.54	Repair of cystocele with graft or prosthesis
70.55	Repair of rectocele with graft or prosthesis
70.63	Vaginal construction with graft or prosthesis
70.64	Vaginal reconstruction with graft or prosthesis
70.78	Vaginal suspension and fixation with graft or prosthesis
70.93	Other operations on cul-de-sac with graft or prosthesis
70.94	Insertion of biological graft
70.95	Insertion of synthetic graft or prosthesis
84.80*	Insertion or replacement of interspinous process device(s)
84.81*	Revision of interspinous process device(s)
84.82*	Insertion or replacement of pedicle-based dynamic stabilization device(s)
84.83*	Revision of pedicle-based dynamic stabilization device(s)
84.84*	Insertion or replacement of facet replacement device(s)
84.85*	Revision of facet replacement device(s)
88.59	Intra-operative fluorescence vascular angiography
92.41*	Intra-operative electron radiation therapy

Revised Procedure Codes - Effective October 1, 2007	
Procedure Code	Description
00.18*	Infusion of immunosuppressive antibody therapy
00.74	Hip bearing surface, metal-onpolyethylene
00.75	Hip bearing surface, metal-on-metal
00.76	Hip bearing surface, ceramic-on- ceramic
00.77	Hip bearing surface, ceramic-on- polyethylene
07.81*	Other partial excision of thymus
07.82*	Other total excision of thymus
07.92*	Other incision of thymus
07.99*	Other and unspecified operations on thymus
34.24	Other pleural biopsy
39.8	Operations on carotid body, carotid sinus and other vascular bodies
53.41	Repair of umbilical hernia with graft or prosthesis
53.61	Incisional hernia repair with graft or prosthesis
53.69	Repair of other hernia of anterior abdominal wall with graft or prosthesis
99.14	Injection or infusion of gamma globulin

*These procedure codes were discussed at the March 22-23, 2007 ICD-9-CM Coordination and Maintenance Committee meeting and were not finalized in time to include in the proposed rule. They will be implemented on October 1, 2007.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- MO HealthNet Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896